



08-22-03

1648

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. DFN-031US
Application No. 09/830762-Conf. #2130	Filing Date October 12, 2001	Examiner U. Winkler	Art Unit 1648

Applicant(s): Margaret Shipp, et al.

Invention: LYMPHOMA ASSOCIATED MOLECULES AND USES THEREFOR

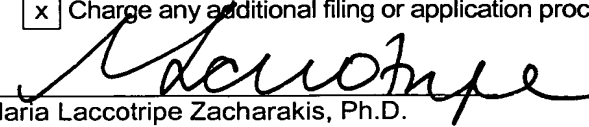
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Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	80	- 51 =	29	x 9.00	261.00
Independent Claims	10	- 5 =	5	x 42.00	210.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>471.00</b>

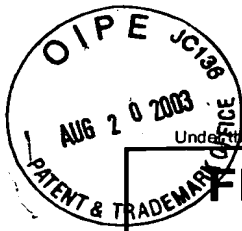
☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 471.00.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Maria Laccotripe Zacharakis, Ph.D.  
Attorney Reg. No.: LRADated: August 20, 2003LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400

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Dated: August 20, 2003

Signature: 

(Maria Laccotripe Zacharakis, Ph.D.)



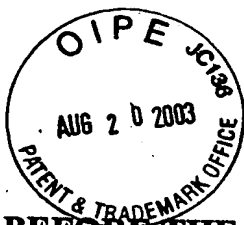
PTO/SB/17 (05-03)  
Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>FEE TRANSMITTAL</b> for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/830762-Conf. #2130
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 471.00		Filing Date	October 12, 2001
		First Named Inventor	Margaret Shipp
		Examiner Name	U. Winkler
		Art Unit	1648
		Attorney Docket No.	DFN-031US

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<b>3. ADDITIONAL FEES</b>																																	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other																																		
<input checked="" type="checkbox"/> Deposit Account																																			
Deposit Account Number	12-0080																																		
Deposit Account Name	Lahive & Cockfield, LLP																																		
The Director is hereby authorized to: (check all that apply)																																			
<input checked="" type="checkbox"/> Charge fee(s) indicated below																																			
<input checked="" type="checkbox"/> Credit any overpayments																																			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																			
<b>FEE CALCULATION</b>																																			
<b>1. BASIC FILING FEE</b>																																			
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Code</th><th>Fee (\$)</th><th>Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td></td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Code	Fee (\$)	Code	Fee (\$)	1001	750	2001	375	1002	330	2002	165	1003	520	2003	260	1004	750	2004	375	1005	160	2005	80	SUBTOTAL (1)			0.00		
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1004	750	2004	375																																
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																			
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*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) 0.00																																	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D.	Registration No. (Attorney/Agent)	LRA
Signature		Telephone	(617) 227-7400
		Date	August 20, 2003

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**Expires: October 4, 2003**

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